

As a conclusion, I would like to say that FIELD MILITARY PSYCHOLOGISTS has done an incredible amount of work in their current units and in handling some stressful life events in the Czech Republic as well as abroad in Bosnia, Kosovo, and other countries. They created and started the **project of the socio-cultural training** of soldiers who are being deployed to the missions. They have been working on the **project of the psychological training** of those soldiers. They carried out several parts of the survey of the psychosocial conditions of soldiers in mission. They are also trying to introduce the field military psychology in the Air Force units where the psychological care is significantly missing.

Vast majority of people in the field military psychology subsystem understands the purpose of their work. They know well the objectives of their work, and they also know their immediate and long run targets. They have the guts, the energy, and the motivation for their work. This is why we see the future of the PSYCHOLOGICAL SERVICE of the Army of the Czech Republic in a very bright light. And, we will keep our fingers crossed for them.

Thank you for your attention.

Amy B. Adler, Carl Andrew Castro: The Impact of Lost Leave on the Medical Readiness of US Soldiers: It's not a European Vacation.

The U.S. Army Medical Research Unit-Europe, Germany

The impact of operations tempo (OPTEMPO) on soldier and unit readiness has been a primary concern of leaders and researchers in the U.S. Army (Castro & Adler, 1999). The extent to which repeated deployments, training exercises and garrison duties take a toll on readiness has been documented in a series of analyses conducted by the U.S. Army Medical Research Unit-Europe on data from a two-year study of U.S. soldiers stationed in Germany and Italy. Depending on the type of environment (deployed, garrison or training), the relationship between workload factors and outcomes varies. For example, the amount of days spent in training does not impact family strain, but it is associated with higher combat and operational readiness scores (Castro & Adler, 2000). Similarly, work hours are associated with increased family strain and decreased military readiness (Castro & Adler, 2000). Working on one's day off is associated with increased alcohol use for single junior-enlisted soldiers (Castro, Huffman, Bienvenu, & Adler, 1999). Based on these kinds of findings, there is clear and emerging evidence that high workload takes a toll on everything from medical to operational readiness.

One underlying assumption of the OPTEMPO readiness model is that if the pace of operations remains high, without time off for recovery, readiness and performance will decline. Soldiers in the U.S. Army work hard. Their 30 days of leave a year and their passes issued by commanders provide them a break from an otherwise relentless pace of military operations. In this paper, we examine the degree to which respite from their workload in the form of vacation time affects readiness indicators.

The civilian literature on stress and coping emphasizes the importance of leisure activities in maintaining health and adjusting to work. Nevertheless, few studies have directly examined

the role of vacations. While there is some indication that vacation is linked to increased job and life satisfaction (Lounsbury & Hoopes, cited in Westman & Eden, 2000), Eden (cited in Westman and Eden, 2000) found that despite some improvements in psychological strain during vacation, scores on measures of strain rose to pre-vacation levels immediately after the vacation.

In a study of the impact of vacation on burnout, Westman and Eden (1997) studied 76 clerks in an Israeli electronics firm. They found that vacation was associated with a reduction in burnout scores during the vacation and three days after returning to work. This improvement faded over time, however, and returned to pre-vacation levels 3 weeks after the vacation ended. The authors conclude that vacations provide only temporary respite from work-related burnout.

In a study of 53 employees of an Austrian hardware manufacturer, Strauss-Blasche, Ekmekcioglu, and Marktl (2000) found that three days after vacation there were improvements in physical complaints, sleep and mood compared to pre-vacation levels but no changes in life satisfaction. Of those improvements, physical complaints remained at reduced levels 5 weeks post-vacation. The authors confirm that vacations may result in short-term improvements in well-being.

Although the respite may be temporary, vacations have been linked to long term physical health. In a large-scale study of middle-aged American men at high risk for coronary heart disease, men who reported having had a vacation over a five-year period had lower mortality rates, especially those deaths attributable to coronary heart disease, nine years later (Gump & Matthews, 2000). This effect was found even when socio-economic status and health during the study were controlled. The authors did not, however, assess the amount of time the men spent on vacation but rather asked whether the men had a vacation or not. In addition, the personality differences that might account for both taking a vacation and being at risk for coronary illness were not assessed.

Thus, the research, while sparse, suggests that there may be long-term physical health benefits to vacations (or the kind of personality associated with taking a vacation) and evidence for short-term psychological relief from job stress. The degree to which this may apply to military personnel is not certain. The only research on leave time and military service that we were able to identify was a study of 81 Israeli reservists who found respite in terms of burnout and psychological stress from their civilian jobs one week after returning to work following a period of active military service (Etzion, Eden, & Lapidot, 1998). The role of leave, as vacations are called in the U.S. military, in providing respite to soldiers has not been examined empirically.

In the present study, we examined a stressor related to vacations that has specific relevance to the U.S. military: lost or cancelled leave and passes. In the U.S. military, a commander can cancel a soldier's leave and pass if the mission requires it. The reality of the high OPTEMPO in U.S. forces in Europe is that soldiers are not guaranteed that they can take the leave time they have earned – their leave time may be cancelled, accumulated as part of the following year's total or simply lost (if there is no opportunity to take it). Soldiers, regardless of rank and length of service, earn 30 days of leave a year. They can accrue up to 90 days of leave over a three-year period. Any amount over that is "lost" and cannot be recovered. There are exceptions to this policy, such as accruing leave while deployed. Thus, as part of examining the relationship

between mea
leave time in

METHODS

Research Sa

The d
the impact of
Europe (Cast
questionnaire
ten units (con
arms units and

There were 54
sample, respect
more junior-en
the soldiers wa

OPTEMPO M

We assessed sc
per day, number
six months, nu

Lost Leave Tim

There w
passes have bee

Moderating Va

Recogni
items, rated on e
work is taken fo
and "The organi
the scale is high

Task Sigr
measured by 3-it
"I feel that what
real contribution
unit's mission."

Leadershi
assessed using 12

between measures of OPTEMPO and readiness, we focused on the role of lost and cancelled leave time in accounting for individual differences in medical readiness.

METHODS

Research Sample

The data from this study were drawn from a large on-going longitudinal study assessing the impact of operations tempo (OPTEMPO) on U.S. Army soldiers and units stationed in Europe (Castro, Adler, and Bienvenu, 1998). The soldiers in this study completed the questionnaire from April to June 2000. The sample consisted of 623 soldiers assigned to one of ten units (company size) stationed in either Germany or Italy. Of these units, five were combat arms units and five were combat support or combat service support.

There were 546 male soldiers and 77 female soldiers (comprising 87.6% and 12.4% of the sample, respectively), ranging in age from 18 to 49 years ($M = 25.23$, $SD = 5.51$). There were more junior-enlisted soldiers (62.9%) than non-commissioned officers (NCOs; 37.1%). Half of the soldiers were married (50.4%); 41.4% were single, and 8.0% were separated or divorced.

OPTEMPO Measures

We assessed soldiers' OPTEMPO through a series of questions about number of hours worked per day, number of days worked per week, number of days spent on training exercises in the past six months, number of deployments, and number of years of military service.

Lost Leave Time Measure

There was one question asked about lost leave time: "How many days of leave and/or passes have been lost or cancelled in the past 12 months?"

Moderating Variables

Recognition. We assessed Recognition using a 3-item scale (Brown & Leigh, 1996). The items, rated on a 5-point scale from strongly disagree to strongly agree included "I rarely feel my work is taken for granted," "My superiors generally appreciate the way I do my job," and "The organization recognizes the significance of the contributions I make." Reliability for the scale is high (Cronbach's Alpha=.70).

Task Significance. Task Significance (Bliese, Escolas, Christ, & Castro, 1999) was measured by 3-items on a 5-point scale from strongly disagree to strongly agree. The items were "I feel that what I am doing is important for accomplishing my unit's mission," "I am making a real contribution to accomplishing my unit's mission," and "What I do helps accomplish my unit's mission." Reliability was very high (Cronbach's Alpha=.94).

Leadership. Cohesion between soldiers and leaders, also known as vertical cohesion, was assessed using 12-items, six items each pertaining to officers and non-commissioned officers

(NCOs; Marlowe et al., 1985; Vaitkus, 1994). This scale has been used in previous studies (e.g., Bliese, Escolas, Christ, & Castro, 1998). The two vertical cohesion scales consisted of the following 6-items: (a) "The officers/NCOs in my unit establish clear work objectives," (b) "The officers/NCOs in my unit are interested in my personal welfare," (c) "The officers/NCOs in my unit delegate work effectively," (d) "The officers/NCOs in my unit let soldiers know when they have done a good job," (e) "The officers/NCOs in my unit avoid micromanaging soldiers' work," and (f) "The officers/NCOs in my unit are interested in what I think and how I feel about things." The Cronbach's alpha for the officer and NCO leadership scales in the current sample was 0.90 and 0.92, respectively.

Leave Taken. There was one question on amount of leave time taken: "How many days of leave and/or passes have you taken in the past 12 months?"

Outcome Measures

Physical Symptoms. The 22-item Physical Symptoms scale assesses a variety of common physical complaints from headaches to stomach intestinal upset on a 4-point response scale from not at all to very often. Items were summed to create a weighted sum score. This scale has been used in several U.S. army studies (e.g., Bliese, Escolas, Christ, Castro, 1998; Castro, Bienvenu, Huffman, & Adler, 2000; Halverson, Bliese, Moore, & Castro, 1995).

Depression. Depression was measured by a 7-item scale adapted from Radloff's (1977) Center for Epidemiological Studies-Depression scale (CES-D Scale; see Ross & Mirowsky, 1984). The items describe symptoms of depression (e.g., felt lonely, trouble keeping your mind on what you were doing) and instructs respondents to rate how many days during the past week they have had each of the feelings or experiences on a scale from 0 to 7 days. The modified version of the scale correlates .92 with the full CES-D (Mirowsky, 1996). The scale has been used in other research with U.S. Army populations (e.g., Castro et al, 2000). Reliability for this scale in the present study was high (Cronbach's Alpha=.87).

RESULTS

Descriptive Statistics

Table 1 presents the means and standard deviations of the moderators and outcome measures. In terms of OPTEMPO, soldiers reported working 10.9 hours a day (SD=3.3) and 44.6% reported performing duty-related work more than 5 days in the past week. In terms of the number of training days in the past 6 months, 22.0% of soldiers reported no days on a training exercise, 22.2% reported 1 to 14 days, 17.9% reported 15 to 30 days of training exercises, 24.3% reported 31 to 60 days, and 12.6% reported more than 61 days. In terms of deployment history, 42.1% had been on a deployment lasting more than 30 days in their military career; the total sample averaged .2 deployments for every year of military service, or one deployment every five years.

In terms of lost or cancelled leave, 86.9% of soldiers reported no lost leave, 5.7% reported losing 1 to 7 days, 4.2% reported losing 8 to 14 days, and 3.2% reported losing more than 14 days. Lost leave did not correlate with leave taken ($r=.02$, n.s.) or with age ($r=-.07$, n.s.). There were no differences in amount of lost leave between junior-enlisted soldiers and NCOs, $t(617)=-.97$, n.s.

Table 1. Means and Standard Deviations of Moderators and Outcome Measures

Variables	M	SD
Health Measures		
Physical Symptoms	31.5	9.1
Depression	10.9	12.1
Moderators		
Leave Taken	17.40	13.0
Task Significance	3.3	.9
Recognition	2.9	.8
NCO Leadership	3.1	.9
Officer Leadership	3.0	.9

N=623.

In order to assess the impact of Lost Leave on soldier physical and psychological health, we ran a series of regression equations. Each independent variable was first z-transformed. The regression equation included the predictor variable (i.e. lost leave), one of the moderator variables, and the interaction term. The dependent measures were Physical Symptoms and Depression Symptoms. Results are presented in Tables 2 through 6. In the case of predicting Physical Symptoms, the main effects for Lost Leave, the moderators, and their interactions were significant for all moderators except for leave taken. For the moderator Leave Taken, the interaction with Lost Leave was significant but the main effect for leave taken was not. For the regression equations predicting number of Depressive Symptoms, there were significant main effects for Lost Leave, Task Significance, Recognition, and NCO Leadership and Officer Leadership but no significant interaction effects. There was no main effect or moderating effect for Leave Taken in predicting Depression Symptoms.

Table 2. Regression Results from Lost Leave and Task Significance predicting Physical and Depression Symptoms

Variables	Outcome									
	Physical Symptoms					Depression Symptoms				
	Beta	SE	β	t	p<	Beta	SE	β	t	p<
Constant	31.46	.36		87.97	.001	10.70		.46		23.25
.001										
Lost Leave	.80	.39	.09	2.04	.05	1.05	.51	.09	2.06	.05
Task Significance	-1.75	.36	-.19	-4.90	.001			-3.68	.46	-.31
.001										
Lost Leave X										
Task Significance	-.55	.29	-.08	-1.90	.06	-.37	.37	-.04	-1.00	n.s.

Note: Physical Symptoms Total $R^2 = .06$; $F(3, 614) = 13.74$, $p = .001$.
 Depression Total $R^2 = .11$; $F(3, 615) = 26.12$, $p = .001$.

Table 3. Regression Results from Lost Leave and Recognition predicting Physical and Depression Symptoms

Variables	Outcome									
	Physical Symptoms					Depression Symptoms				
	Beta	SE	β	t	p<	Beta	SE	β	t	p<
Constant	31.44	.35		89.58	.001	10.77	.45		23.70	.001
Lost Leave	.75	.37	.08	2.03	.05	1.24	.48	.10	2.56	.02
Recognition		-2.36	.35	-.26	-6.70				-4.12	.45
9.07										
.001										
Lost Leave X										
Recognition	-.90	.32	-.11	-2.79	.01	-.11	.42	-.01	-.27	n.s.

Note: Physical Symptoms Total $R^2 = .10$; $F(3, 614) = 22.03$, $p = .001$.

Depression Total $R^2 = .13$; $F(3, 615) = 31.72$, $p = .001$.

Table 4. Regression Results from Lost Leave and NCO Leadership predicting Physical and Depression Symptoms

Variables	Outcome									
	Physical Symptoms					Depression Symptoms				
	Beta	SE	β	t	p<	Beta	SE	β	t	p<
Constant	31.46	.35		90.48	.001	10.72	.45		23.76	.001
Lost Leave	.90	.35	.10	2.55	.02	1.27	.46	.11	2.75	.007
NCO Leadership	-2.55	.35	-.28	-7.37	.001	-4.14	.44	-.35	-9.32	.001
Lost Leave X NCO Leadership	-.98	.30	-.13	-3.31	.01	-.55	.38	-.06	-1.44	n.s.

Note: Physical Symptoms Total $R^2 = .12$; $F(3, 614) = 26.86$, $p = .001$.
 Depression Total $R^2 = .14$; $F(3, 615) = 34.36$, $p = .001$.

Table 5. Regression Results from Lost Leave and Officer Leadership predicting Physical and Depression Symptoms

Variables	Outcome									
	Physical Symptoms					Depression Symptoms				
	Beta	SE	β	t	p<	Beta	SE	β	t	p<
Constant	31.48	.35		89.30	.001	10.87	.46		23.45	.001
Lost Leave	1.00	.36	.11	2.81	.01	1.44	.47	.12	3.06	.003
Officer Leadership	-1.72	.35	-.19	-4.90	.001	-3.21	.46	-.27	-6.93	.001
Lost Leave X Officer Leadership										

Officer Leadership -1.37 .32 -.17 -4.34 .001 -.66 .42 -.06 -1.60 n.s.

Note: Physical Symptoms Total $R^2 = .08$; $F(3, 614) = 18.81$, $p = .001$.
 Depression Total $R^2 = .09$; $F(3, 615) = 21.07$, $p = .001$.

Table 6. Regression Results from Lost Leave and Taken Leave predicting Physical and Depression Symptoms

	Outcome									
	Physical Symptoms					Depression Symptoms				
Variables	Beta	SE	β	t	$p<$	Beta	SE	β	t	$p<$
Constant	31.53	.36		87.03	.001	10.88	.48		22.60	.001
Lost Leave	1.55	.37	.17	4.15	.001	1.83	.50	.15	3.69	.001
Taken Leave	-.26	.37	-.03	-.72	n.s.	-.40	.49	-.03	-.82	n.s.
Lost Leave X Taken Leave		-1.01	.33	-.13	-3.08	.005	-.71	.44	-.07	-1.62
n.s.										

Note: Physical Symptoms Total $R^2 = .04$; $F(3, 613) = 7.42$, $p = .001$.
 Depression Total $R^2 = .02$; $F(3, 614) = 4.92$, $p = .002$.

DISCUSSION

The pace of operations for U.S. soldiers involves long workdays, several weeks of training, and the possibility of deployment. While there is evidence from research with civilian employees that respite is gained from vacations, in this study we failed to establish a direct link between Leave Taken and Physical or Depression Symptoms. The loss or cancellation of leave, however, was directly linked to Physical and Depression Symptom levels in U.S. soldiers. Moreover, higher rates of Lost Leave were predictive of greater physical symptomatology and this relationship was moderated by Officer and NCO Leadership, Task Significance, and Recognition.

Lost and/or cancelled leave is an area that has not been previously explored. The reason that lost and cancelled leave is associated with diminished medical readiness may be due to several factors. First, lost and cancelled leave may result from any combination of work stressors including uncertain training or deployment dates, other last-minute schedule changes, task overload, and short suspenses. Surprisingly, however, based on data not presented here,

scores on a predictability scale were not correlated with lost leave. Second, lost and cancelled leave also suggests increased personal stressor in terms of family strain and financial costs incurred when vacation plans are changed. Third, lost and cancelled leave may be a stressor for soldiers because it creates a sense of relative deprivation, that soldiers are being deprived of some benefit to which they are normally entitled.

Regardless of the stressors involved when leave is lost or cancelled, there are things that leaders can and should do that can moderate the impact of lost leave on medical readiness. When soldiers feel their accomplishments are recognized, that their jobs make a significant contribution, and leadership at both the officer and NCO level is positively perceived, the impact of lost leave on medical readiness is reduced. These moderating effects suggest that there are behaviors leaders and organizations can engage in when faced with having soldiers lose leave.

Finally, unlike previous studies, we did not find evidence for a positive impact of leave on depression symptoms. This lack of positive impact on psychological wellbeing may be a result of the time frame used in the study. In our study, soldiers were asked about their leave time during the past 12 months but the health questions were not asked immediately following this leave period the way it was in previous research. There may be a respite effect from leave but if there is, like previous research has found, this respite appears to be short-lived at best. In terms of physical health, however, taking leave moderates the impact of lost leave on physical symptoms.

Our results suggest that for U.S. soldiers, taking leave is not as critical an issue as is losing leave. It is the loss and cancellation of the promise of leave that is predictive of increased physical and psychological symptomatology. For U.S. soldiers, loss and cancellation of leave may signal a lack of commitment by the Army to them that is only counteracted through strong leadership. When soldiers perceive that their sacrifice (i.e. loss or cancellation of leave) is worthwhile and appreciated, or when they have had respite, they do not have as many physical symptoms. The exact mechanism by which job-related variables moderate the impact of lost leave is not well understood. And why these same moderators do not affect depression symptoms is also not adequately understood. Taking the literature on vacation respite into account, it may be that leave issues affect soldier physical health in the long-run while psychological issues are affected in the short-run, if at all.

These results have implications for the military at two levels. First, it points to the importance of minimizing the amount of lost and cancelled leave time. Second, the results identify things that leaders can do to minimize the impact of lost leave on soldier medical readiness.

REFERENCES

Bliese, P.D., Escolas, S.M., Christ, R.E. & Castro, C.A. (1998). Human dimensions assessment of the Task Force XXI Advanced war fighter experiment. (DTIC ADA 239889). Alexandria, VA: Defense Technical Information Center.

Bliese, P.D., & Halverson, R.R. (1996). Individual and nomothetic models of job stress: An examination of work hours, cohesion, and well-being. Journal of Applied Social Psychology, 26, 1171-1189.

Castro, C.A. & Adler, A. B. (2000). The impact of operations tempo: Issues in measurements. Proceedings of the 42nd Annual Conference of the International Military Testing Association, Edinburgh, UK.

Castro, C.A. & Adler, A.B. (1999). OPTEMPO: Effects on soldier and unit readiness. Parameters, Autumn, 86-95.

Castro, C.A. & Adler, (2000). Working in the zone: Maintaining optimal readiness in U.S. soldiers. Proceedings of the 36th International Applied Military Psychology Symposium, Split, Croatia.

Castro, C. A., Adler, A. B. & Bienvenu, R. V. (1998). A human dimensions assessment of the impact of OPTEMPO on the forward-deployed soldier. Walter Reed Army Institute of Research, Research Protocol #700, Washington, D.C.

Castro, C. A. & Adler, A. B. (1999). Military deployments and soldier readiness. Proceedings of the 35th International Applied Military Psychology Symposium, Florence, Italy.

Castro, C.A., Bienvenu, R., Huffman, A.H., & Adler, A.B. (1999). USAREUR/7A OPTEMPO and PERSTEMPO Study: In-Progress Report #1. (USAMRU-E Technical Brief #99-04). Heidelberg, Germany: U.S. Army Medical Research Unit-Europe.

Castro, C.A., Bienvenu, R., Huffman, A.H., & Adler A.B. (2000). Soldier dimensions and operational readiness in U.S. Army forces deployed to Kosovo. International Review of the Armed Forces Medical Services, 73, 191-199.

Gump, B.B., & Matthews, K.A. (2000). Are vacations good for your health? The 9-year mortality experience after the multiple risk factor intervention trial. Psychosomatic Society, 62, 608-612.

Halverson, R. R., Bliese, P. D., Moore, R. E. & Castro, C. A. (1995). Psychological well-being and physical health symptoms of soldiers deployed for Operation Uphold Democracy: A summary of the human dimensions research in Haiti. (DTIC ADA 298125). Alexandria, VA: Defense Technical Information Center.

Hackman, J. R. & Oldham, G. R. (1975). Development of the Job Diagnostic Survey. Journal of Applied Psychology, 60, 159-170.

Halverson, R. R., Bliese, P. D., Moore, R. E. and Castro, C. A. (1995). Psychological well-being and physical health symptoms of soldiers deployed for Operation Uphold Democracy: A summary of the human dimensions research in Haiti. (DTIC ADA 298125). Alexandria, VA: Defense Technical Information Center.

Etzion, D., Eden, D., & Lapidot, Y. (1998). Relief from job stressors and burnout reservice as a respite. Journal of Applied Psychology, 83, 577-585.

Marlowe, D.H., Furukawa, T.P., Griffith, J.E., Ingraham, L.H., Kirkland, F.R., Martin, J.A., Schneider, R.J., & Teitelbaum, J.M. (1985). New Manning System Field Evaluation: Technical Report No.1. Washington, DC: Walter Reed Army Institute of Research.

Mirowsky, J. (1996). Age and the gender gap in depression. Journal of Health and Social Behavior, 37, 363-380.

Netemeyer, R. G., Boles, J. S., & McMurrian, R. (1996). Development and validation of work-family conflict and family-work conflict scales. Journal of Applied Psychology, 81, 400-410.

Radloff, L. (1977). The CES-D Scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 1, 385-401.

Ross, C.E., & Mirowsky, J. (1984). Components of depressed mood in married men and women: The Center for Epidemiologic Studies' Depression Scale. American Journal of Epidemiology, 119, 997-1004.

Strauss-Blasche, G., Ekmekcioglu, C., & Marktl, W. (2000). Does vacation enable recuperation? Changes in well-being associated with time away from work. Occupational Medicine, 50, 167-172.

Vaitkus, M. (1994). Unit Manning System: Human dimensions field evaluation of the COHORT company replacement model. (DTIC ADA 285942). Alexandria, VA: Defense Technical Information Center.

Westman, M., & Eden, D. (1997). Effects of a respite from work on burnout: Vacation relief and fade-out. Journal of Applied Psychology, 82, 516-527.

Lassak Werner: Experiences of military psychologist from peace-keeping mission in former Yugoslavia.

Czech Republic

Before I will start to talk about activities of psychologist in peace-keeping mission let me shortly introduce myself.

I'm Major MA Werner LASSAK from the Czech republic. I am a military psychologist and the time I am located in mission SFOR II and also I work for the 5th mechanized battalion of the Czech army which located in Bosna and Hercegovina.

It has composed of HQ, HQ company, A - coy (combat company), part of MP (military police) unit, recon platoon, FST (field support team) and field dressing station. These units are located on base at Donija Ljubija in the Republic of Serbia in Bosna and Hercegovina.

Logistic company, B - coy (combat company), part of field dressing station and MP, engineer company and NSE (national support element) are located on base at Bosanska Krupa in the Federation of Croatia and Muslim republic in Bosna and Hercegovina.

Some units are located in Serbia's area or Muslim's area. Only the Czech battalion is located into two different areas - Muslim and Serbian territory from all units of SFOR.

Before our soldiers have moved in area of responsibilities they had attended training. During the training activities they exercised model situation which they will resolve in Bosna. The psychologist attended all training with other soldiers of the 5th mechanized battalion.

For example:

- patrol activities
- abseiling from helicopter
- activities after mines incidents
- check point activities
- VIP escort etc.

Part of their training activities is a socio-culture training. During that training they have got a lot of information about population and areas where they will stay and work.

The other part of their training is a psychology training. The soldiers could watch video from those places and talked with soldiers who already attended mission in Bosna and Hercegovina. The psychologist in differential psychology training (different is the training for leader of squad from training for squadron commander and so on) discussed with them about problems which wait for soldier in Bosna or about their emotion which are joint with their transport to Bosna. The soldiers can discuss with psychologist about all of their problems or problems their families, partners etc.

The base of activities of military psychologist are composed of roles in garrison. But they are modified by conditions of real danger disintegration like psycho or physical disintegration of soldiers.

The psychologist is an adviser of commander of the 5th mechanized battalion and other commanders of companies. He doesn't wear white coat but he wears camouflage uniform like other soldiers. He works at complying of operation mission together with other soldiers. His everyday activities is focused into interpersonal communication and relationship. He works as psychotherapist and adviser. He works with emotion which are more deep and more dynamic. It isn't important which way or description he use but is important his presence to offer himself. To be able to give psycho-social support to other means to be able to help himself, acquire control against fear, anxiety, panic, suffering, rage, self-regret etc.

If the negative emotion will be influence on us the result can be disorganization, uncontrol and risk behavior which in conditions of peace-keeping mission can be very dangerous. Result of those activities can be injury or death.

I think that our soldiers attended good training and they are adequate prepared to accomplish tasks of mission SFOR II.

As this mission is my third peace-keeping mission we can discuss about my experience for long time but we will continue about it on Thursday in workshop when we will have time area for those discussion.

Tomislav Filjak, Anto Zelic, Zelimir Pavlina: A Framework of Psychological Preparation and Survey of Psychological Condition of Croatian Participants in UN Missions.

Ministry of Defence of the Republic of Croatia

INTRODUCTION

Bi-polarity of the world being no longer a reality, the geostrategic situation has also altered, and new threats have come instead of the large-scale wars the world has seen before. Military response to the new threats are known as "new operations" (arms control, humanitarian assistance, counterinsurgency, peace operations ...). New operations, especially peace operations, have been rather frequent in the course of 1990ies.

To prove that is the fact in the period 1988 - 1998 the United Nations initiated 36 new missions compared to 13 operations undertaken in the period 1948-1988. In the first half of the 1990ies, the period of termination of the Cold war, the operations were almost exclusively initiated by the UN, whereas later, especially due to failure of the UNPROFOR mission and the UN-USA role conflict, the number of the UN missions decreased. This is not to say that there have been fewer peace missions, they have only been taken over and managed by other international organisations. To illustrate, in the 1995 20 000 UNPROFOR members completed their mission in Bosnia and Herzegovina to be replaced by 60 000 IFOR personnel. Effectiveness of the UN missions and the present and the future role of the UN being beyond the scope of this paper, the conclusion remains on the noticeably increased number and significance of the operations of the kind regardless of the auspices.

CROATIAN EXPERIENCE

Until the late 1990ies Croatia did not take part in the operations undertaken by UN or other international organisations. However, Croatia and its neighbouring countries were a theatre of a number of operations by UN and other international organisations, some of which, in our view, have had significant repercussions on the further development of the operations of the kind. They are listed in Table 1.

Table 1.
INTERNATIONAL OPERATIONS IN CROATIA IN THE PERIOD 1992-1999

OPERATION UNDERTAKEN BY:	OPERATION TITLE (ABBREV.)	FULL TITLE	*GOAL OF MANDATE (TYPE OF MISSION)	PERIOD
UN	UNPROFOR	UNITED NATIONS PROTECTION FORCE	peace-keeping operation	March 1992-March 1995
UN	UNCRO	UNITED NATIONS CONFIDENCE RESTORATION OPERATION IN CROATIA	peace-keeping operation	March 1995-January 1996
UN	UNTAES	UN TRANSITIONAL ADMINISTRATION FOR EASTERN SLAVONIA, BARANJA AND WEST SIRMIA	peace installment operation; support to local authorities	January 1996-January 1998
UN	UNMOP	UNITED NATIONS MISSION OF OBSERVERS IN PREVLAKA	peace-keeping operation	January 1996 onwards
NATO/WEU		OPERATION SHARP GUARD	disarmament control /embargo control	November 1992 June 1996
NATO		DENY FLIGHT	demonstration of force; strikes	November 1992-December 1995
NATO	IFOR	IMPLEMENTATION FORCES - OPERATION JOINT ENDEAVOUR	peace-keeping operation	December 1995-December 1996
NATO	SFOR	STABILIZATION FORCES - OPERATION JOINT GUARD	peace-keeping operation	December 1996 onward
NATO		OPERATION ALLIED FORCE	peace-enforcement operation	March - June 1999

* Mission type definition is optional, reflecting the author's view. .

UN missions conducted in Croatia covered over a 1/4 of the territory. NATO missions primarily had mandate for Bosnia and Herzegovina, depending on Croatian air and land territory and traffic infrastructure for passage. Some units, however, have been hosted in Croatia, mostly

in ports and close to the B&H border, and for extended periods. A similar situation was with the NATO operations in Yugoslavia.

OUTLINE OF FACTORS AFFECTING PSYCHOLOGICAL READINESS IN PEACE OPERATIONS

“Variety” of Croatian people and the Armed Forces’ experiences with the missions provided valuable guidelines for Croatian military psychologists for new military operations (especially peace operations) in the future.

Based on direct observation of international units and their conduct in the field, through their contacts with the people and Croatian Armed Forces and the enemy forces, as well as on insight into relevant reference, we draw an outline of factors affecting psychological readiness in peace missions (see Table 2).

Table 2.

Outline of factors affecting psychological readiness in peace operations

DEPLOYMENT FEATURES			POSSIBLE CONSEQUENCES DURING THE MISSION	POSSIBLE CONSEQUENCES FOLLOWING THE MISSION
Mission goals	Variable and intricate general goal of the mission		Perceived lack of purpose of mission	Disappointment, reluctance towards future missions, leaving the military
	Representing the country		Possible collision with general mission goals	Critique or commendation in the home public
	Personal goals	reasonable	Functioning in accordance with the conditions	Perceived mission accomplishment and personal development
		idealistic	Disappointment, tension, aggressiveness	Disappointment, difficult readjustment to the home country, psychological difficulties
Depl. charac.	Peace operation		Restricted use of force	Depending on correct implementation
	International		Cooperation with other militaries	Improved overall military trainedness
	Neutrality		Stress faced by peace operations personnel	Difficult readjustment upon return and psychological difficulties
Deployment conditions	War or post-war setting		Deaths Wounding Demonstration of overall military preparedness	Disabledness Psychological difficulties Reinforced prestige of the military or scandals and investigations
	Conflict brought under control		Routine Boredom	Sense of futility and purposelessness of the task (mission)
	Contacts with local armed forces, population and culture in general		Misunderstanding of the conflict Cultural shock	Difficult adjustment, psychological disturbances
	Locally hired personnel		Taking one of the sides	Sense of guilt
	Free time	Organised	Adequate readiness for regular assignments	Sense of duty fulfilment and purpose
		Not organised	Decreased readiness Incidents	Sense of purposelessness Discipline and criminal procedures
	Home media attention	Adequate	Sense of mission importance and feeling supported	Sense of pride for participating in the mission
		Scarce or non-existing	Feeling deserted and facing purposelessness	Disappointment
	Contacts with the family	Made regularly	Reduced concern	Aided readjustment upon return
		No contacts	Uncertainty and concern; quitting and leaving the mission	Disappointment, readjustment difficulties upon return
	Relations with the family and friends	Constant and supportive	Active participation in the mission	Sense of purpose
		Unstable	Variable performance	Readjustment difficulties upon return

Manuals prepared for Croatian AF officers contain a more comprehensive outline. Briefly, it defines three groups of factors critical for psychological readiness of the personnel deployed in the mission:

- goals
- the form of deployment
- deployment conditions

Croatia's experience with peace operations showed that the goal of the mission in new operations, stated as it is in diplomatic terms, is seldom clear and constant, much like the international policy too. To soldiers deployed the objective should be presented in a participation-justifying manner and their daily assignments clearly delineated. Forces members are sometimes assigned with fulfilling political goals of their respective countries. These goals

may be in collision with the general goals of the mission, which may lead to psychological conflicts, but also actual pressure and punishments or rewards.

Personal goals and expectations, often romantic and naive, should be adjusted to reality and reasonable overall objectives and outcomes of operations.

The form of deployment is determined by the nature of the operation itself. Peace operations imply demanding assignments for troops that traditional armies were not prepared for. Basic features of peace operations are non-violence and neutrality. The limits of non-violence are set through "deployment rules", and usually allow self-defence. Internationality implies readiness for joint operating with different militaries.

Peace forces are often deployed in real war settings, characterized by low yet constant threat, with only limited responding allowed. Other key features of the operations include possible "cultural shock", critical role of the media and the contact with home.

QUESTIONNAIRES

The outline and the factors enumerated served in their turn as basis for two questionnaires: Questionnaire on expectations related to mission and the Questionnaire of assessment of factors' post-mission impact. The Questionnaires contain 48 statements of comparable content, with one Questionnaire assessing the expectations related to stressors likely to be experienced during the mission, and the other assessing actual stressors experienced. In both cases the questionnaires make part of a comprehensive test battery and a collateral source of data.

Direct benefit of the questionnaire prior to the mission lies in providing insight into how reasonable expectations are to organize psychological preparations accordingly, including tailoring to individuals and drawing mission heads to subordinated individuals with problematic expectations.

Following the mission the questionnaire enables valuable insight into intensity of experiencing of different stressors, and in this regard, guides adjustment of support.

Table 3. presents the questionnaires containing assessment profiles prior to and following the mission.

Table 3.

Questionnaire of expectations related to mission and Questionnaire of assessment of factors' post-mission impact

Questionnaire on expectations related to mission	untrue	mostly untrue	partly true	mostly true	true	Questionnaire of assessment of factors' post-mission impact
1. I find general mission goals quite clear						1. Mission goals were quite clear to me before deployment
2. I allow changes in goals during the mission						2. I minded changing of goals during the mission
3. The goal of these missions can be lost easily						3. During the mission I had a sense of purposelessness of the mission
4. This mission, in my view, implies representing my country too						4. I've always taken representing my country as part of my duty
5. I see the mission as an opportunity to get to know myself better						5. I expected to get to know myself better through the mission
6. I hope to benefit from the mission for personal development						6. I notice I've developed as person thanks to the mission
7. I expect many interesting experiences						7. I've had many interesting experiences
8. I expect many exciting experiences						8. I've had many exciting experiences
9. I expect opportunity to help people						9. I've had opportunity to help people

10. I see this as an opportunity to earn						10. I've earned a substantial sum of money too
11. I hope I'll have fun too						11. I've had fun
12. This might be an opportunity to expand my point of view						12. I can see my point of view expanded
13. I hope this mission will enhance my self-confidence						13. I can feel my self-confidence enhanced
14. I would be proud to be a Croatian representative in the mission						14. I'm proud to have been Croatian representative in a mission of the kind
15. I expect to make many new acquaintances and friends						15. I've made many new acquaintances and friends
16. I hope to experience genuine comradeship						16. I've experienced true comradeship
17. I will have to control the urge to use force						17. At times I found it hard to obey restricted use of force
18. I'm looking forward to co-work with soldiers from other countries						18. I'm satisfied with the cooperation with soldiers from other countries
19. Staying out of conflict might be very hard						19. At times staying out of conflicts was almost impossible
20. I'll probably witness to deaths of local civilians						20. I witnessed to deaths of local civilians
21. I'll probably witness to deaths of local forces members						21. I witnessed to deaths of local forces members
22. I'll probably witness to deaths of members of my unit						22. I witnessed to deaths of members of my unit
23. I'll probably witness to wounding of local civilians						23. I witnessed to wounding of local civilians
24. I'll probably witness to wounding of local forces members						24. I witnessed to wounding of local forces members
25. I'll probably witness to wounding of members of my unit						25. I witnessed to wounding of members of my unit
26. I'm fully prepared for the mission						26. I think I have demonstrated my military skills
27. I think Croatia has observers ready for the missions of the kind						27. In my view, Croatian observers have fully demonstrated their military skills
28. I'll probably see destroyed houses and other material effects of war						28. I saw destroyed houses and other material effects of war
29. I'll probably see dead bodies of victims of combat						29. I saw dead bodies of victims of combat
30. I'll probably see the impact the war makes on the people						30. I saw the impact of the war on the people
31. I'll probably do routine and dull tasks						31. The tasks we did were getting more routine-like and duller
32. The conflict calling for this mission is utterly senseless						32. The conflict we came for in mission is utterly senseless
33. I know nothing about the sides in conflict						33. I can hardly distinguish the sides in conflict
34. I can hardly understand the motives of the sides in conflict						34. I can hardly understand the motives of the sides in conflict
35. I'll probably find the way of life in the mission theatre strange						35. The way of life in the mission theatre is wholly strange
36. The way the local people live will probably seem wholly unacceptable to me						36. The way the local people live is wholly unacceptable to me
37. I expect to go well along with local interpreters and other personnel						37. I went well along with the local interpreters and other personnel
38. I hope to have well-organised free time						38. Our free time was well-organised
39. I hope I'll be satisfied with the way I'll be spending my free time						39. I was satisfied with how I was spending my free time
40. Home media will devote due attention to our mission						40. Home media devoted due attention to our mission
41. I hope we'll be kept well informed on the situation in our country						41. I am satisfied with how we were informed on the situation in our country
42. I hope to have no difficulties contacting my family						42. I had no difficulties contacting my family
43. I am not (and hope I won't be) worried about my family						43. I was not worried about my family
44. I hope to have support from close persons while in the mission						44. I enjoyed support by close persons during the mission
45. I'll probably be exposed to risk of contagious diseases						45. I was often exposed to risk of catching contagious diseases

46. I hope we'll be provided hygienically tested food and water						46. We were provided hygienically tested food and water
47. I hope we'll be provided satisfactory sanitary conditions						47. We were provided satisfactory sanitary conditions
48. I hope we'll be provided appropriate medical care						48. We were provided appropriate medical care

CONCLUSION

For the very first time Croatia was included in peace operations in the late 1999, when 10 Croatian officers take part in UN mission in Sierra Leone (UNOMSIL/UNAMSIL) as observers for a 1-year period. Last year they were replaced with another group of 10 officers. Additionally, in spring 2001 we sent 5 officers as observers in UN mission on the border between Ethiopia and Eritrea (UNMEE).

The framework and the questionnaires were used in preparation before and in support during and after mission for all of the groups.

Based on the experiences so far, we weren't able to evaluate concept to some extent or to conduct psychometric validation of the questionnaire. Nevertheless, we find the experience with the groups prepared for the missions so far very useful.

Results are regularly filed, so we expect to be able to present psychometric indicators to support or improve the questionnaires and the outline.

REFERENCE:

- Adler, A. (1998.). *Operational tempo for forward-deployed soldiers in Europe*. U Proceedings of 34th International Applied Military Psychology Symposium, Centre d'études en sciences sociales de la défense, Paris.
- Andersen, H. (1998.). *Danish UN-soldiers two years after*. U Proceedings of 34th International Applied Military Psychology Symposium, Centre d'études en sciences sociales de la défense, Paris.
- Bartone, P.T. (1997.). *Predictors of cohesion in American peacekeeping forces*. Presented at 33rd International Applied Military Psychology Symposium, Beč.
- Chilczuk, M. (1998.). *Polish UN Peace Keeping Operations Veterans*. Presented at First International Conference on Psycho-Social Consequences of War, Dubrovnik.
- De Soir E. (1998.). *A framework to analyze combat misconduct stress behaviors during peace-support operations*. U Proceedings of 34th International Applied Military Psychology Symposium, Centre d'études en sciences sociales de la défense, Paris.
- Dorff, R.H. (1996.). *Democratization and Failed States: The Challenge of Ungovernability. Parameters, US Army War College Quarterly*, Vol. XXVI, 2, 17-31.
- Flemming, S. (1998.). *Measuring the effectiveness of the NATO Stabilisation Force (SFOR) in Bosnia-Herzegovina*. U Proceedings of 34th International Applied Military Psychology Symposium, Centre d'études en sciences sociales de la défense, Paris.
- Field Manual No. 100-23, (30 December 1994.). *Peace Operations*. Washington DC: Headquarters, Department of the Army.
- Granić, M. (28. rujna 1998.). *Govor na 53. godišnjem zasjedanju Glavne skupštine Ujedinjenih naroda*.
- Johanson, E. (1998.). *A model for understanding stress and daily experiences among soldiers in peacekeeping operations*. U Proceedings of 34th International Applied Military Psychology Symposium, Centre d'études en sciences sociales de la défense, Paris

- Kirkland, F.R., Halverson, R.R. i Bliese, P.D. (1996.). Stress and Psychological Readiness in Post-Cold War Operations. *Parameters, US Army War College Quarterly*, vol. XXVI, 2, 79-91.
- Koren, B. (1999.). Emocionalni ciklus vezan uz mirovne misije. U *Izabrana poglavlja vojne psihologije za hrvatske pripadnike UNOMSIL*, Zagreb: Odjel za vojnu psihologiju Ministarstva obrane Republike Hrvatske.
- Koren, B., Zelić, A., Filjak, T. (2000.). *Psychology Preparing of First Croatian Military Officers to the Peace Operation in Sierra Leone*, XXXIIIrd International Congress on Military Medicine, Helsinki
- Luis, R. (1998.). *Portugese military in peacekeeping missions*. U Proceedings of 34th International Applied Military Psychology Symposium, Centre d'études en sciences sociales de la défense, Paris
- Mylle, J. (1998.). *Partial posttraumatic stress disorder in peace support operations*. U Proceedings of 34th International Applied Military Psychology Symposium, Centre d'études en sciences sociales de la défense, Paris
- NATO Handbook* (1995.). Bruxelles: NATO Office of Information and Press.
- Phelps, Ruth H. (1996.). *Reserve Component soldiers as Peacekeepers*. Alexandria: U.S. Army Research institute for the Behavioral and Social Sciences.
- Reber, A.S. (1987.). *The Penguin Dictionary of Psychology*. London: Penguin Books.
- Segal, R.D. (1993.). *Organizational Designs for the Future Army*. United States Army Research Institute for the Behavioral and Social Sciences; prema Cvrtila, V. (1998.) *Civilno-vojni odnosi u suvremenom svijetu, Hrvatski vojnik*, vol. VIII., br. 31., str. 42.-47.
- Zelić, A. i Koren, B. (2000.). *Izvjeshće o psihičkom stanju hrvatskih pripadnika UNOMSIL*, interno izvješće. Zagreb: Odjel za vojnu psihologiju Ministarstva obrane Republike Hrvatske.
- ** (1996.). *United Nations Peace-Keeping*. New York: United Nations Department of Public Information.

Kateřina Bernardová, Daniel Štrobl, Josef Falář, Barbora Palánová: Process And Dynamics of the Psychosocial Conditions for Members of KFOR During Their Deployment.

KFOR is the most recent foreign action of the Czech Army which has been actively engaged in the military operations of UN and NATO since the beginning of the 90's; the participation of our chemical unit in the Persian Gulf was the first mission. This distinctly wartime operation was later exchanged for peacekeeping missions on the territory of former Yugoslavia, which is why our army had sufficient experience with this kind of military actions when it joined KFOR.

Deployment of one KFOR mission lasts six month plus one month of "before – mission" preparation. The whole mission is possible to be divided into three parts:
before mission
during deployment
shortly before return

During these periods are observed interpersonal relationships (among the members of the whole unit or little groups), factors, which influence mental conditions of each individual (level of satisfaction of the basic human needs, sources of stress and relationship with family) and actual